

Rec'd PGT/PTO

11 FEB 2005

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/524148

FILING DATE

APPLICANT(S)

## CLAIMS

|              | AS FILED |      | AFTER<br>1 <sup>st</sup> AMENDMENT |      | AFTER<br>2 <sup>nd</sup> AMENDMENT |      |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
|              | IND.     | DEP. | IND.                               | DEP. | IND.                               | DEP. |
| 1            | /        |      |                                    |      |                                    |      |
| 2            |          | /    |                                    |      |                                    |      |
| 3            |          |      |                                    |      |                                    |      |
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| TOTAL IND.   | /        | ↓    |                                    | ↓    |                                    | ↓    |
| TOTAL DEP.   | /        | ←    |                                    | ←    |                                    | ←    |
| TOTAL CLAIMS | 2        |      |                                    |      |                                    |      |

|              | AS FILED |      | AFTER<br>1 <sup>st</sup> AMENDMENT |      | AFTER<br>2 <sup>nd</sup> AMENDMENT |      |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
|              | IND.     | DEP. | IND.                               | DEP. | IND.                               | DEP. |
| 51           |          |      |                                    |      |                                    |      |
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| 92           |          |      |                                    |      |                                    |      |
| 93           |          |      |                                    |      |                                    |      |
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| TOTAL IND.   |          | ↓    |                                    | ↓    |                                    | ↓    |
| TOTAL DEP.   |          | ←    |                                    | ←    |                                    | ←    |
| TOTAL CLAIMS |          |      |                                    |      |                                    |      |